MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

05480

### CERTIFICATE OF DEATH

	harles St., Baltimore
CERTIFIC	ATE OF DEATH Reg. Dist. No. 3.39
1. PLACE OF DEATH:  Counly  City or town All All Countries of City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or sireet address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Elizabeth and	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced from ale a. manual	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.40, at36
6.(b) Name of husband or wife. Sheaker agree	21. I CERTIFY that death occurred on the pare above stated; that I attended the land
7. Birth dale of deceased (mo., day, yr.)  Olegant 1911	and thet I last saw n
8. AGE: Years Months Days If less than one day	Immediate cause of death
8. Birthplace Elizabeth County, and state)	Due to. Juliuousing 13c 57
10. Usual occupation Added and But of showing	Due to
11. Industry or business Sama a alfalle  12. Name / homes  13. Birthpiace here	Other conditions : Mof Kurrow
13. Birthpiace / Leur 14. Maiden name Many Hans	(Include pregnancy within 3 months of death)
15. Birthplace Elizabeth Corty N.Co.	Major findings of operations
16. Interment Spallace augus	Autopsy results
17. (Burial, cremation, observated White)  Bate thereown (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director Advisor School Statement	Means of Injury Injured at work?
Address Malenling and	23 SIGNATURE GS Sembly MR
19. Date rec's by registrary	trar Address Sales Annual Date signed 5.71.6/

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JUN 1 1948

BUREAU V.A

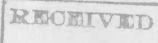
### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

C5401

Reg. Diat. No. 333

1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If reteran, name war.
3.(a) FULL NAME Many Baker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Henrely White marry	20. DATE OF DEATH. 1945 at 1945 at 1945
6.(b) Name of husband or wife. Second Bakes.  6.(c) If alive, give age. 45 years  7. Birth date of decreased (mo. day vr.) Language. 30 1903	20. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  24. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
acceases (mod ash his	Immediate cause of death
o. Add.	gulestul afatuet 4day
42 4 0hrsmin.	port port
9. Birthplace Bellin Worker to Co Md (Town, county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business	
12. Name William Cowell 13. Birthplace many land.	Other conditions Probable Lung of all & has
	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Balsen	Major findings of operations, Filouril 8 milital
15. Birthplace Manyland	and adhering Date of op 13-25-45
16. Informant Mu Demand Baker	Autopsy results
Address Ocean Cit- med	
17. Burial, cremation, or removal. Which?)  Date thereof 6/2/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. Evergreen	Where did Injury occur?
3.1.1	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director. Burbaye	Means of Injury Injured at work?
Address Berlin nis.	23 SIGNATURE Fallader InD
19. Cate rec'd by registrar	Address Date Signed 3 5/45



JUN 7 1945

BITERALT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases with clearly important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (PA) CERTIFICATE OF DEATH

1. PLACE OF DEATH: KEOMIG	2. USUAL RESIDENCE (HOME) OF DE FASED:
City or to Salisbury	State Mag : county becomes
(If outside city or town limits write RURAL and give nearest town)	City or town Salustyury
How long in above place of death?	(If outside city or wn lights, write RURA) and give nearest town)
404. Baper west	Street No
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	dawrth 3. (b) Social Security Number
4. Sey 5. Solor or ace 6.(a) Shape, married, widowed, or divorced	MEDICAL CERTIFICATION
female White Marie D	20 DATE OF DEATH May 4 th 1945 at 9,30 a.m.
6.(6) Name of husband or wife Blorge H. Bedeuvi	L I CERTIFY that death eccurred the date above stated; that I altended deceased from
	Jal 1045 - 12 1200 4 10 45
7. Birth date of	and that I last saw h. San alive on
deceased (mo., day, yr.)  8. AGE: Years Months, Days I fless than one day	Immediate cause of death
660 10 24min.	Centi Cardias failure
9. Birtholace Oriole manyland	Due to Cherman Duran and to
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business) At White	
12. Name. Save Windles  13. Birthplace Somers G. Mad	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Suran Ford  15. Birthplace Assurant a mad	Major findings of operations.
\$ 15. Birthplace Struck Ca Md	Date of op.
16. Information. Bes. H. Bedrunth	Aptopay results
Address 404 Baken it Saluty Me	HYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Date theres May 7-1/946	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Burial, cremation, or remodal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or prematory	Where did injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director telescope 6 Waller 17. 183	Many Injured et work?
Address fality mayland	I to very time
6-14 NA- Saga : All On	M. D. oyother
19	Value hade

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# VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore Bl.

## CERTIFICATE OF DEATH

15403 Reg. Diat. No.33

City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County Usual County (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Semale A. A. Sex School or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH. 20 2 4 40 19 44 at 10.06 P. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.45 to 17.94 2 3 19.45  end that I last saw h. Lu. alive on 23 19.45  Immediate rause of death. DURATION  Due to  Due to  Dither conditions CLAMAC Management of death)
16. Informant  Address  16. Informant  Address  17. Burthplace  Address  17. Burthplace  (Burial, cremation, or removal. Which?)  Cemetery or crematory  Locallon  Company  Co	Major fiadiogs of operations

MAY 31 1945 BUREAU V.S.

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ere of					OX

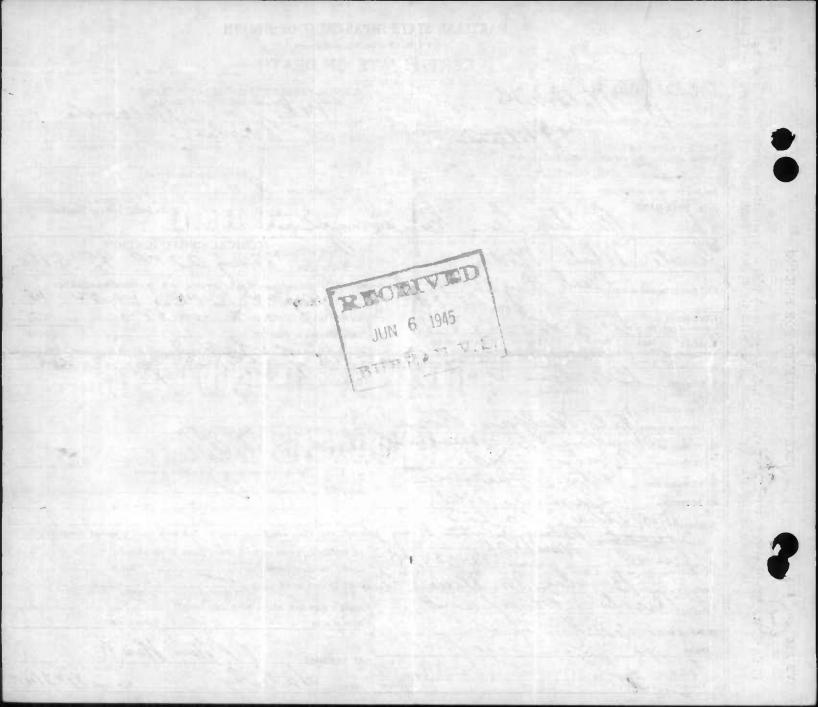
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Lya

# CERTIFICATE OF DEATH

05	40,4
Reg. Dist.	No.337

CHAIL CO O WOLLD TO TOAC	
County DEATH Miconnic	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn finite give residence of mother)
City or town. (If outside city or town limit, when is (KAL and give nearest town)	State County // Communication
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
	(If rursl, give LOCATION)
Now long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Parth Lee Bres	3. (b) Social Security Number
4. Sec 5. Coor or rate 6.(a) Angle, married, widowed, or divorced	MEDICAL CERTIFICATION
finale Mate Midon	20. DATE OF DEATH May 22 1945 1545a
6, (b) Hame of husband or wife all Ray Brewnyt	21. I CERTIFFy that death occurred whe date above stated; that I attended deceased from
1. Dead	134 10 July 22 1545
7. Birth date of deceased (mo., day, yr.)	and that last sow h
8. AGE: Years Month Days It less than one day	Immediate canse of death
55 36 h	nin. Un. 1 191 Wenny his
9. Birthplace Biralin Mq.	Due to
(Town, connty, and state)	
11. Industry or busines to two Nellane Board	Due to
12. Hame Office Property Med.	Other conditions
14. Malden name. Waltie Farmer.  15. Birthpage Divale Md.	(Include pregnancy within 8 months of death)
5 15 Blothofor Genelie, Mid.	Major findings of operations.
16. Informati Hus, Etha E. Danton	Anton results.
Eddres Frank Releny plater May	SJCIAN: Please underline the cause to which death should be charged statistically.
Busiel Warts 10 May 24 del	22. VIOLENCE; tf death was due to external causes, filt in the following:
(Burial, cremation, or ran val. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or geogratory Sweller M. Chrusel	Where did injury occur?
location Gipalu Maryland	tnjured at home, farm, industry, public place (where?)
es Pall I. h	Means of Injury Injured at work?
19. Funerat director	01.11
Address Simeline off of	23. SIGNATURE / Man Much
19. May 35 19 45 P. Woolfred Hale	M. D. or other
LUBLE FEC B DV FEMISIFATI	Data almost 1 1757



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

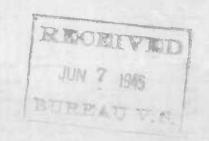
				_	_
Par	Dist	No	3	3.	3

#5405

CERTIFICATE OF DEATH  Reg. Dist. No. 3 33			
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)  State		
3. (a) FULL NAME Edward Cook.	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced   Single   S	MEDICAL CERTIFICATION  20. DATE OF DEATH		
T. Birth date of deceased (mo., day, yr.) 8-19-44  8. AGE: Years   Months   Days   If less than one day   Response to the control of the cont	and that I last saw have alive on 5 19.4.5.  Immediate cause of death Section 19.4.5.  DURATION 7		
9. Birthplace (Town county, and state)  10. Usual occupation.  11. Industry or business	Due to		
12. Name Saal Charles  13. Birthplace Steelif que wed  14. Malden name Frank Talas Janes  15. Birthplace Overston And	Oate of op.		
Address Och Street Mate thereof May (Burist, cremation, or removal. Which?) Bate thereof (Burist, cremation, or removal. Which?)	Autopsy results		
Commetery or crematory Delacation Succession	Where did injury occur?		
Address alistury and  19. (Date regd by registrar)  (Date regd by registrar)	23. SIGNATURE P. M. D. or other Address Salusing M. d. Date signed 5-17/45		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore (BFa)

05406

### CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	County Africa My Land	State I County County
	City or town(If outside city or town limits write RURAL and give nearest town)	1 1/2
	How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No.
	How long in hospital or institution? Phase have has	(If rural, give LOCATION)
		2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	Harley Covenglow	nt
1	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Male Coloud Maryed	20. DATE OF DEATH 1124 26 19.465, 2t 6 P.M
	6, (b) Name of husband or wife Lula an Councilous	21. I CERTIFY that death occurred on the date stove stated; that I attanged deceased from
	de desar	5/5 194N, to 56 194A
	7. Birth date of	and that I last saw harmalive on 19.50
	deceased (mo., day, yr.)/  8 A.C.F. Years   Months   Days   If less than one day	Immediate cause of death
	o. Aug.	Tourses neval Jesular augus & Seaml
	hrsmln.	
	9. Birthplace (Towy, county, and state)	Due to
	1D. Usual occupation Musicalia	
		Due to
	11. Industry or business some as allowe	
	12. Name Ladert lovington	Dither conditions
		(Include pregnancy within 3 months of death)
	14. Maiden name & uney boungton  15. Birthpiace Snow of ill	Major findings of operations
	\$ 15. Birthplace Snow of ill on	Date of op
	16. Informan Mrs Lula Counglan	Autopsy results
	Address to Smithand and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	12	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory. Classification	Where did injury occur?
	Location Smarrey ill and	injured at home, farm, industry, public place (where?)
	1 Stanton	Maens of Injury tnjured at work?
	18. Funerat director familia Selections	
	Address Calentiny md	23. SIGNATURE Olean y theslear 2000
	19 5/3/ 19 do Tolagguet 5 wh	M. D. or other
_	(Date rec's hy registrar	Address Date signed Date

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

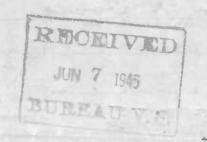
JUN 7 1945 BUREAU 7 "

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 131-2 CERTIFICATE OF DEATH

175407

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resideoce of mother)
County	State Mongland. county Wisomice
(If ootside city or towo limits, write RURAL and give nearest town)	1 2/2:00 - 0:0
How long in above place of death? 7 mo 19 days.	(If outside city or towo limits, write RURAL and give nearest town)
Hospital, institution, or strept address where death occurred:	
Wilfon Kame.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME 4 / - 4	3. (b) Social Security Number
William Del Dennis	3. (0) Social Security Number
4. Sex 5. Color or race   6.(a)Single, married, widowed, or divorced	
11-	MEDICAL CERTIFICATION
male While Single	20. DATE OF DEATH // LOS / 8 1945 at 6 PM
	21. CERTIFY that death occurred on the date above stated; that attended deceased from
8.(b) Name of husband or wife	11/10 01 1 11/10 11/10 11/10
8.(c) It alive, give ageyears	1944 10/15
deceased (mo., eay, yr.) 19 (2) Herberrows	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
00 + 400 1/	p J
min.	Long Immers Sky
9. Birthplace md 1 22 2 What ha	Due to
(Town, county, and state)	Shy Sand rephoto 144
1D. Usual occupation.	Due to
11. Industry or business	ale - Polins 2nd
E 12, Name	
12. Name	and other 101s
	(Include pregnancy within 8 months of death)
= 14. Maiden name	Major findings of operations
15. Birthplace	Date of on.
Musile. Issues and	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address // Mai	22. VIOLENCE: It deals was due to external causes, fill in the following;
17. Base Date thereot 6/201916	Accident, suicide, or homicide
(Borial, cremation, or removal Which?)  Date thereot (bonth) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Day Willards Janks	Injured at home, farm, Industry, public place (where?)
h. //	Means of Injury Injured at work?
18. Funeral director M. Lasho Walton	
Address Sellyvelle, Sel.	And INT blanc 1816.
6-19.01 46- AD AD	23 SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Date signed



### CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore B	0.0300
CERTIFICATE OF DEATH	Reg. Dist. No. 333
0	mother Comis
How long in above place of seath the long in above place of seath of the long in the long	
3.(a) FULL NAME annie Bell Dennie	3. (b) Social Security Number
I Semale Whit Midow 20 BATE OF BEATH May	14 45 10, 15P
6.(6) Name of husband of wife 6.(c) It alive, give and years  6.(d) Name of husband of wife date about 21. I CERTIFY that death occurred on the date about 22. I CERTIFY that death occurred on the date about 22. I CERTIFY that death occurred on the date about 22. I CERTIFY that death occurred on the date about 22. I CERTIFY that death occurred on the date about 22. I CERTIFY that death occurred on the date about 22. I CERTIFY that death occurred on the date about 23. I CERTIFY that death occurred on the date about 24. I CERTIFY that death occurred on the date about 24. I CERTIFY that death occurred on the date about 24. I CERTIFY that death occurred on the date about 25. I CERTIFY that	75, to may 14 10 40
7. Birth date of deceased (mo., day, yr.) Leyt, //- 1876  8. AGE: Vears Mooths Days It less than one day	DURATION 6 900
8. AGE: Vears Moths Bays It less than one day  8. AGE: Vears Moths Bays It less than one day  Nrs. min.  Due to	
9. Birthplace	
E 12, name	uly care
Had to the state of the state o	
the information . Else Museum Autopsy results	***************************************
Address 103 fetting at . Sale-Tay 117-1945 22. VIOLENCE: If death was due to external car	uses, fill in the following:
(Burisl, cremation, or moval. Which)  Cemetery or cremator.  Cemetery or cremator.  Cemetery or cremator.  Continued at home, tarm, industry, public place (where the continued at home, tarm, industry, public place (wh	(County) (State)
	Injured at work?
Address Alla Mayland,  19. (Date reof by registrar)  19. (Date reof by registrar)	M. D. or other

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2411 N. Charles St., Baltimore

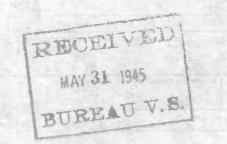
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- 1	-	2	В	
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

1. PLACE OF DEATH- County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	Die Beranel 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Massell  6.(b) Name of husband or wife Assa Cash Directions	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurrent on the date above stated: that t attended deceased from
7. Birth date of deceased (mo., day, yr.) Actor 24, 1903	and that I last saw h All alive on 777 CU 204 19.45
8. AGE: Years Months Days It fess than one day  4. 6 27	Coronay How bain 204.
9. 8irthplace (Town, county, and state)  10. Usual occupation.	Due to
11. Industry or business  12. Name	Dither cooditions
14. Metden name Mary Gurries  15. Birthplace January Md.	(Include pregnancy within 8 months of death)  Major findings of eperations
Address Densey Mo.	Autopsy results
17. (Burial, cremation, or removal, Which?)  Data thereof 5. 2. (1.5. (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
18. Funeral director Address Vikian Mil.	Means of Injury Injured at work?  Chillians Essences
May 24 115 map & m Walls	23. SIGNATURE Helwy M. D. onesher  Address Helwy - M. Date signed M. Stee 22 04



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

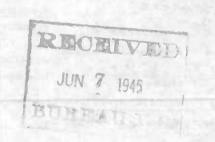
### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 930)

### CERTIFICATE OF DEATH

(15411) Reg. Dist. Noi 333

1. PLACE OF DEATH: Wisconics.	(For newborn infants give residence of mother)
County Q J MONNEC	Om a see 1 70/ de la land
City or towo(If outside city or town limits, write RURAL and give nearest town)	do a
How long in above piece of death?	City or town
How long in above piece of doath	
P. J. Haspital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If votoran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
alma William &	mia
4. Ser   5. Color or raco   6.(a) Single, married, widowod or iverced	MEDICAL CERTIFICATION
7 8 2 1.1 0 1	
amale virile marrie	20. DATE OF DEATH 1941 3 1941 at 8
Leure W Emis	21. I CERTIFY that death occurred on the date above stated; that I attended decoased from
8.(b) Name of husband or wife. Jewy	may 17 1955 to haz 2) 1945
T. Birth date of	and that I last saw harman alive on 196)
deceased (mo., day, yr.) Sept 17 1899	
8. AGE: Years   Month   Days   If loss than ooe day	Immediate cause of death DURATION
6. Add.	There is occurred
47 8 / Shrsmin.	
9. Birthplace Lybalum Warnier Mol	Due to
(Toy'n, consty, and atate)	***************************************
1D. Usual occupation.	Duo ta.
11. Industry or business	500 (U
al Grand William	
12. Name	Dther conditions
13. 8irthplace	(Include pregnancy within 3 months of death)
14. Malden nom anna Dawys	
15. Birthplace Jysashin mol	Major findings of operations.
23 13. Birthplace	Date of op.
16. Informant AMA AMA	Autopsy results.
Address . Salisbury ma	PHYSICIAN: Pfease underline the cause to which death should be charged atatistically.
B 1	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicido, or homicide
mosth adjust cometi-	Where did injury occur?
Cemotery or crematory	
Location Carponatury Mod	Injured at home, farm, industry, public place (where?)
The Wille Mahmam w	Moans of injury injured at work?
18. Funeral director	( h ne
Address Salvabury 1114	23. SIGNATURE / MANA
15/9.6 1160 He ag 100 (10	M. D. or other
(Date rec'd by registrar) Begistrar	Address Saleshare and Dato signed 2 72 1/4 3



2411 N. Charles St., Baltimore (50)

CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Re-re-up)orn in antis give residence of mother)
County	State Md p 1 contrictornel
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside cky or town limbs, write JURAL and rive nearly, town)
Hospital, Institution, or street address where down occurred	Sireet No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Stella Lee 1'a	ilow
4. S. 5. Coor or rad 6.(a) Single, married, widowed, or divarced	MEDICAL CERTIFICATION
temale I that Marie	20, DATE OF DEATH 1973, 21 1973, 21 1973
Lineary B. Factor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or C	19 No 3 19
7. Birth date of ( 20- 1903	and that track Saw to alive On 19.
deceased (mo., day, yr.)  8 ACF. Years   Months   Days   If less than one day	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	The state of the s
film mel	Af Jalania
9. Birihpiace	Due to.
1D. Usual occupation. Ame we	Pro fo
11. Industry or byoiness / Cat Horne	DUG 10.
	Dither conditions
12. Hame John D. Journey 13. Birthplace Silvany mad	
14. Maiden names Essa Phillips	(Include pregnancy within 3 months of death)
15. Birthplace White Haven med	Major hadings of operations
My Lieund R. Lacker	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Address do frances st, sales of the	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or repoval, // hich?)  Date thereof	Accident, suicide, or homicide
Cemetery or crestator Allsans Chluck Con	Where did Injury occur?
liloum med	Injured at home, farm, Industry, public place (where?)
Hollow C Will P William	Algans of injury Injured at work?
18/Puneral director	of fastadumber 10
Addressally may can	23. SIGNATURE Shifting the Same M. D. or other
19. (Date rec's by registrar) Bases To Registrar	Address Jabohon Many Date signed of 10/45
(Date rec'd by registrar)	11 Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 159

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0	0	4	7	2
		-44	4	10

M. D. or other.

CERTIFICAT	E OF DEATH Reg. Dist. No. 338
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Baby Boy Aletcher	3. (b) Social Security Number
1. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH.  MEDICAL CERTIFICATION  4.5  M. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.44 of  and that I last saw h
8. AGE: Years Months Days If less than one day	Due to.
10. Usual occupation  11. Industry or business  12. Name	Due to
13. Birthplaco  H 14. Maiden name Margaret Bennet  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant	Antopsy results
17. Date thereof 5-22-/95 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
10 Europa diseases Graventos Bros	Means of injury Injured at work?

23. SIGNATURE.

John Soldier Sch

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Address

(Date reg d by registrar)

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

05413

### CERTIFICATE OF DEATH

Reg. Dist. No. 333

County City or town (If outside city or town limits write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in above place of death?	Street No
Kow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Carl Sisane	3. (b) Social Security Number
Male State S. Egor or ray 6.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
S.(b) Name of husband or wife Stellas M. Suram	21. I CERTIFY that death occurred in the date above stated; that I attended the community
6.(c) If allve, give age 50 years	19 10 19
7. Birth date of 11-18-61-	and that I hoppend all way 19.
8. AGE: Years Months Bays I fless than one day	Immediate cause of death
50 3 21nrs.	shall death
9. Birthplace RD. Mality and (Town, county and state)	Due to.
10. Usual occupation Druck Onne	
11. Industry or business	Due to.
E 12. Name annie gran	Diher conditions multiple freebook
S 13. Birthplace D. Affiliating Mag	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Nicomics G. Mid	Date of op.
16. Informant	Autopsy results
Address TN FF L Malerry Ma.	VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or report. Which?)  Date the of	Accident, suicide, or homicide. Date of 5-7-15-
Cemetery or cematory	Where did injury occur? (City or town) (County) (State)
Location Salutury Mg	Injured at home, farm, Industry, public place (where?)
18. Fuoeral directiful my my r la. Maltie R	least injury full army injured at work?
Address Salutry mel.	28 STORMORE Sleparte medical garming
19. 6-19, 19 HG Haggieffe Jo	month habor no M. D. or other

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

### CERTIFICATE OF DEATH

(1541435 Reg. Dist. Na. 3.5

1. PLACE OF DEATH: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Devree	(For newborn infants give residence of mother)
	State County Diconico
(If outside city or sown limits, write RURAL and give nearest town)	STATE OF THE PROPERTY OF THE P
(It outside city of lowin indices, write it outside and give nearest town)	City or town Sharmour
How long in above place of death?	(If outside city or town lin its, write RURAL and give nearest town)
Hospital, Institution, or street address where death Occurred:	
	Street No
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
S. (a) FOLL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   A. C. (a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m white while	W
Il wyle praowed	20. DATE OF DEATH 1945 at 7-10 P.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from
	1947 19 10 May 14 1925
7. Birth date of	71111111
deceased (mo., day, yr.) august 4; 1859	
	Immediate caused death DURATION
8. AGE: Years   Months   Days   If less than one day	Comment of the control of the contro
85- 9 10hrsmin.	
00 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
Surset for All	
9. Birthplace (Town, county, 30 state)	Due to
N - County County County	
10. Usual occupation lettered to the Company	
	Due to
11. Industry or busines	
12. Name	Other conditions
	Uther conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Olevra Dun.  15. Birthplace Ded	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
S as Building	
2) 15. Birthplace	Date of op
16. informant Mus taguine Trislith	Autopsy results
10.111011111111111111111111111111111111	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address ~ Shortstown	
12 0 1- 17 10	22. VIOLENCE: If death was due to external causes, filt in the following;
Barial, cremation, or removal, Which's Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Buriai, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Vaylor	Where did injury occur?
0) 80-	(City or town) (County) (State)
Location handlour	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Transcurr 1805	Means of Injury Injured at work?
	1/2.2/22
Address Marklown 10	No. Kuklman
- 1-1-1-	23. SIGNATURE
" 57 23 19 115   Walk H. many	M. D. wrother
(Date rec'd by registrar)	Addition Kharperson M Bata clared 5713/40

MAY 25 1945 BURBAU V.S.

### CERTIFICATE OF DEATH

ge	2411 N. Charl	es St., Baltimore	415
rect 8	CERTIFICAT	TE OF DEATH Reg. Dist. No.	333
ly. The cor	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For a born infinite give residence of mother)  Slate	ils
on carefully clearly and	How long in above place of death?	Street No. (If outside city or town limits, write RURAL and give no street No. (If rural, give LOCATION)	
ion clo	How long in hospital or institution?	2.(d) It veteran, name war	***************************************
information of death cl	3. (a) FULL NAME Theodore Ernest	Holloway 3. (b) Social Securit	y Number
m of in	Male Shiple Married, widowad, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH	5.345P
ry iter	6.(b) Name of husband or wife Declared M. Hillens  6.(c) It alive, give age	11. I CERTIFY that death occurred on the sate above stated; that I attended de	ceased from
every ite th	7. Birth date of deceased (mo., day, yr.) Jan . 25-1868	and that I last saw harmalive on 5/14	19.45
Supply ease wr	8. AGE: Years Months Bays If less than one day	Immediate cause of death	BURATION 5 days
INK. ans: pl	9. Birthplace Salistery Ma (Town, county and sixte)	Due to. Orterial pelarosess	
ADING INK Physicians:	tt. Industry or business that Employee	Due to	
VITH UNF.	13. Birthplackla Corffick 6. md	(Include pregnancy within 3 months of death)	
	15. Birthplace Milomilo Co. md.	Major findings of operations.  Date of op	
VLY ciall	Address 415 Bush st. Salution med	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
PLAINLY, is especially	17. Buriel (Burial, cremation, or roughel. Which?)  Date thereof (mostly) (day) (yeur)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide	
(d)	Cemetery or capitatory and	Where did injury occur?	(State)
SE WRIT	18. Furbal director of the Mally R Hollman	Means of injury injured at work?	
PLEAS	Address fully md.	23 SIGNATURE Coleman J. Vicolean M. I	D. or other
P	(Date rec'd by registrar)	Address Selection 2004. Date signe	5/14/4

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1	Evidence for change	oi
00	ge is shown on	
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How long in above place of death?..

Hospital, Institution, or street address where death occurred:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

2.(a) If veteran, name war.....

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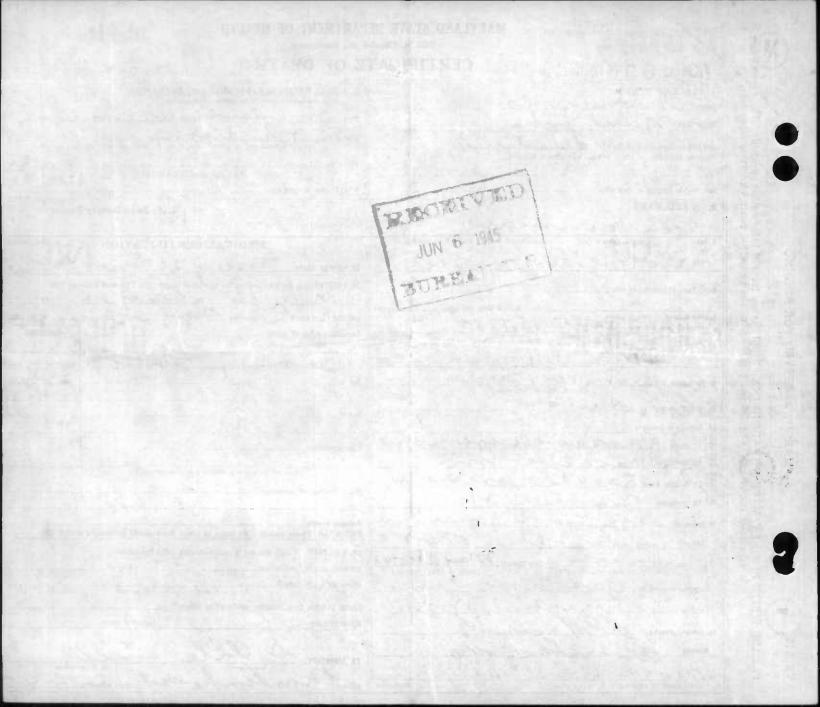
CERTIFICATE	OF	DEA	TH
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	Neg. Dist. No.
2. USUAL RESIDENCE (HOME) OF D	ECEASED:
(For newborn infants give residence of moti	
State maryland county.	
City or town Daretteof	se.
(If outside city or town limits, wr	ite RURAL and give nearest town)
Street Ro	***************************************
(If rural, give LOC	CATION)

How long in hospital or institution?			
3. (a) FULL NAME			
Roy !	Hors	mo	ew .
4. Ser / 5	. Color or race	6.(a)Single	, married, widowed, or divorced
male	white	1	engle
7			
6.(b) Name of husband or 1	kife		······································
7. Birlh date of			) If alive, give ageyears
deceased (mo., day, yr.)	Sept		
8. AGE: Years	Months	Days	If less than one day
60 -6-1-	181	11	hrsmin.
9. Birthplace	wall	e, r	nd.
	(Town, e	ounty, and s	tate)
10. Usual occupation	sail		***************************************
11. Industry or business			
12. Name	elsso	w 24	orsman
13. Birthplace 13	wal	ue,	md.
置 14. Malden nameS	aral	. 76	md.
15. Birthplace	wal	ue,	md.
16. Informant	co. Le	s, L.	Hoisman
Address 9	terve	ille	, md.
17 Bedre (Burlal, cremation, or	removal, Which?)	Date there	of May 28-1945 (month) (day) (year)
Cemetery or crematory	Gale -	Tro	re tem.
Location and	tervi	ello	.md.

1945

	MEDICAL CERTIFICATION
20. DATE OF BEATH.	ney 26 = 19.45 forty
21 I CERTIFY that death occur	urrad on the data above stated: that I altended deceased from
naz	25 19 nov 26 19.8
and that I last saw h	alive on Many 25
Immediate cause of death	DURATI
in.	ong Thronbones
	2.54
	egnancy within 3 months of death)
	k
	Date of op
	ine the cause to which death should be charged statistically.
	s due to external causes, fill in the following:
22. VIOLENCE: If death was	Date of
22. VIOLENCE: tf death was	
Accident, suicide, or homicide Where did injury occur?	Bate of
22. VIOLENCE: tf death was Accident, suicide, or homfolde Where did injury occur?	(City or town) (County) (State)
22. VIOLENCE: tf death was Accident, suicide, or homicide Where did Injury occur? tnjured at home, farm, Industr Means of Injury	(City or town) (County) (State)  ry, public place (where?)



# age M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 139

05417

### CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother)
County Manufacture County	
City or town	State County County
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street eddress where death occurred:	
Lemmanda Slavesh Staggill	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(kanned)	o. (o) because it is
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
10 0 10.2	2-
Temale While	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of 6.(c) tf alive, give age	ears and thet I last saw halive on
deceased (mo., day, yr.) Core 30, 19 45	Immediate cause of death
8. AGE: Years Months Days If less than one day	
hrs	min.
200 0 min	- Vie
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name A Homas Jamel	Other conditions
12. Name A Hamas James  13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name Service Marie Marie Marie 15. Birthplace Blodow Na.	Major findings of operations
S 15. Birthplace / 3/odom Na.	Date of op.
man Manda Day	
16. Informant 11000 and 10000 and 100000 and 10000 and 100000 and 10000 and 100000 and 10000 and 10000 and 10000 and 10000 and 10000 and 10000 and	Autopsy results
Address 304 1. Warreion of allester	
17 Buil Date thereof Man 2 19 V	22. VIOLENCE: If death was due to external causes, fill in the following;
(Butter, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Modest June Cem	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
Location Me velent June	Meens of Injury Injured at work?
18. Funeral director 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	meens of many
Address Ablashy, Va.	1/2 . ( . * )
AUDIESS 1 APPARTY 1 A A A A A A A A A A A A A A A A A A	23, SIGRATURE M. D. or other
19 6 / 1 19/16 - Bassel E. H	huson of gold this
(Date rec's by registrar)	trar   Address

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1370

## CERTIFICATE OF DEATH

Reg. Diat. No. 383

4.5.3

1. PLACE OF DEATH: Williams	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State State State County County
How long in above place of death?	City of town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles W. Jones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Marsied	2B. DATE DF DEATH. 21 3 30 M
6.(b) Name of husband or wife. Bellie M. Hones	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give age	May 1 155 10 My 11 19 45
7. Birth date of deceased (mo., day, yr.) May 29 - 1872	and that I last saw h and alive on
8. AGE: Years Months Days It less than one day  12	Immediate cause of death DURATION  DURATION
9. Birthplace Maching Mulicipality Mg (Town, eognty, and state)	Due to
10. Usual occupation A A Sallette Control of the Co	Due to
t1. Industry or business Simply black Older	
12. Name	Other conditions
# 14. Maiden name Oliso Jaisas	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Mary land	Major findings of operations.  Date of op
16. Interment Iffeld of Management of the second of the se	Autopsy results
Address / Alleway Hallemace 13/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(i) urial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators Tusky flugard	Where did injury occur? (Clty or town) (County) (State)
Location State Sta	injured at home, farm, Industry, public place (where?)
tB. Funeral director Alasan Sugarmas	Means of Injury Injured at work?
Address Show Will, Mg	25. SIGHATUSE
19	Address Bate signed 5 1 9 145.

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JUN 1 1945
BUREAU V.S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bla

### CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County U Compage	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or lown limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Peet No. 503 + Phlas All Co.
Cennsula Duneal Dospil	(If reral, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3_(a) FULL NAME	3. (b) Social Security Number
Lounford - ms mornie	Estendo V
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Senale Stuly hedan	20. DATE OF DEATH May 6 19.45 at 11 a . M
6.(b) Name of husband or wife 13 - 1x . Careful	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age years	to to
7. Birth date of deceased (mo., day, yr.) Sew. 78, 1866.	end thet t last same after on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
7.8 4 8hrsmin.	total land lapor Timely
Justonia nd.	B. L.
9. Birthplace (Town, sounty, and state)	Sue to
10. Usual occupation. Whene	
11. Industry or businesso	Due to
	Other conditions & lessele the salero 4 wests
12. Name 12. Name 13. Birthplace 14. A. A.	Other conditions of feel the solitons of head
	(Include pregnancy within 3 months of death)
14. Malden name Shiller Maris 15. Birthplace Adda Res 1.	Major findings of operations.
2 15. Birthplace / Alasker), Mrs.	Qaie of op.
16. Interment Mrs. Charles C. Hilkins.	Antoney results.
. l. 1. m.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Salissing, 10	22. VtOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or reprobal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide. accident Oate of 3 - 10 - 45
Cemetery or crematory Total Research Lexistation	Where did injury occur? (City or to yh) (Connty) (State)
Location Separation, Duposis G., M.	tnjured at home, farm, Industry, public place (where?)
18. Funerat director I he Hill Markey Co.,	Means of tinjury Fell down Injured et work? No
Address Falishuy, M.S.	11 b. I had graming
15-18 46- Book AD	23. SIGNATURE Alephy Ned Your
(Data rea'd by registrary	Address Pelastery that Bata stoned 4/8/45

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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 442

### CERTIFICATE OF DEATH

Reg. Diat. No.....

City or town	City or town (If rural, give LOCATION)  Street No. (If veteran, name war.
3. (a) FULL NAME Elizabeth Larmore	3. (b) Social Security Number
4. Sex  7. Sex  6. (a) Single, married, widowed, or divorced  7. Sex  6. (b) Name of husband or wife Charles Jarried.  8. (c) If alive, give age 7. Le years	MEDICAL CERTIFICATION  2D. DATE OF DEATH 19.14.5. at 1.1.2.0 A. M  21. I CERTIFY that death sourced on the date above stated: that I attended deceased from 19.1. 10 19.1. 19.
deceased (mo., day, yr.) 3000. 27 10 70  8. AGE: Years Months Days If less than one day  3 12	Immediate cause of death  Covernor of Recture  Due to
11. Industry or business  12. Name Loace Dorman  13. Birthplace Ly askin, md.	Other conditions. Ales Islands Mellitan 4 275  (Include pregnancy within 8 months of death)
14. Maiden name. Ida Wickerson  15. Birthplace  18. Informant Millow Larmore  Address Salisbury, Md.  17. Burnal Date thereof May 8 1945  (Burial, cremation, or removal, Which?)  Date thereof May 8 1945	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide.  Date of
Cometery or crematory Charactery Church Chur	fall de De De D.
19. / A. V. T. 19. 45 - P. Woolford Waller (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other  Address Aslabory M. Date signed T. J. J.



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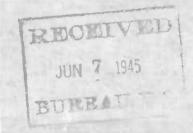
### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 93-0

U5421
Reg. Dist. No. 333....

1. PLACE OF DEATH: A	2. USUAL RESIDENCE (HOME) OF DEGEASED:
1. PLACE OF DEATH: Nicomic	(For newborn is lants give residence of mother)
City or town (if outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	City or town
Hospital, institution, or street address where leath occurred:	311. Barry H. elsert
311. Baillay street	Street Ho(If rural, give LOSATION)
How tong to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sarah Elinabeth	Lecates 3. (b) Social Security Number
4. S. 5. Folor of face   6.(q) Single, married didowed, or divorced	MEDICAL CERTIFICATION
Genel White Miller	29 DIVERS DRIVE May 30 45 745a.
1.0 10 +	ZU, DATE UT DEATH
8.(b) Hame of husband or wife the decates	21. I CERTIFY that death occurred the date shove stated; that I attended deceased from
8.(c) It alive, give age	19 10
I. Birth date of	and that I last saw h alive on 19.
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
74 // 10/1 4	Cardiac Veeryo.
/7 / / / / / /min.	
9. Birthplace	Due to Artenoschiolic skart ismen
House Whe	
10. Usual occupation.	Due to
11. Industry or bysiness	
12. Name Allan Campell  13. Birthplace Stocketon Del	Dther conditions
3. Birthplace Stocker Def.	(Include pregnancy within 3 months of death)
14. Maiden name Beletta Parker	
15. Birtholace Petterille maryland	Major findings of operations
2 15. Birmpiace	Date of op.
16. totormant	utopsy results
Address 311. Backley N. Saluty M.	
17 Buriel Date thereof Brown 3-43	a2. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, cremation, or ranoval Wilch:)  Date the Olimbrian (pont) (day) (year)	Accident, suicide, or homicide,
Cemetery Crematery College Col	Where did injury occur?
Location Valstones Maryland	Injured at home, farm, industry, public place (where?)
Hellings of Wilte & Tolling	Means of Injury Injured at work?
16. Fulleral director	
Address Salifley Maryland,	26 SIGNATURE ASSAULTION
6/21 615 Angaint & de	M. D. or other
(Date reg d by registrar)	Address Date signed 731/4)



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PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

### CERTIFICATE OF DEATH

() § 422 Reg. Dist. No. 3.33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn is ants give residence of mother)
County	State Md County Wharman a
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write leafed, and give nearest town)
609 South Levering	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Howard C. Lin	neture 2/2-18-6005
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE DE DEATH 7716-1 23 1941- 21 1.0 AM
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give age	4/10 19.45, to 5/23 19.45
7. Birth date of	and that I last saw h alive of 3/2-3 19.4-5
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediate cause of death
30 9 16hrsnin.	linging at region right
Salabura Westmies Go Dod	Bue to.
9. Birthplace. Flown, outputy, and state)	BUC 12
10. Usual occupation	Due to.
11, todustry or business	
E 12. Name Roaley W. Luins	Dither conditions Xore
\$ 13. Birthplace Missing Co, 7000	(Include pregnancy within 3 months of death)
E 14. Maiden name Campile M. Gracus	Major findings of operations. AND
15. Birthplace Wiscomuser Com mod	Date of op.
16. Informant Mrs Herace Culice	Autopsy results. How
Address Salybur . md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burney Bale Hereot 5-23-41	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Bate Mereot (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured of work?
Address Salisbuly mod	True & Auson M. K
6-19.6 N5 15 anot & John	23. SIGNATURE M. D. or other
19. (Date reg d by registrar) Registrar	Address Dalisbury Wel. Date signed 3/25/45

JUN 7 1945

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

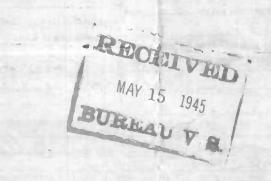
05423

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male tol. Lite clower	3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE OF DEATH. 5 . 21
6.(6) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I alfended deceased from  19 19 and that I last saw h  Immediate cause of death  DURATION  Bue to.  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statisticslly.
11. Partial or removal. Which?)  Cemetery or crematory. Center of Control (Ty) (year)  Location Center of	22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicide, or homicide

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PLEASE WRITE

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(M	age
	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly
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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (NO a) CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Libonica	(For newborp infants give residence of mother)
(If ontside city or town lights, write EURAL and give nearest town)	State Mary and County World Ala
How long in above place of death? 4 day S	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
E.S. TB Sanaton	Street No
How long in hospital or institution?	2.(a) it veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
Harvey Lee Lynch	
4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 2/25 A M
8. (b) Name of husband or wife Mag. alice Lynch	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
	10 7 7 19 10 10 11 11 11 11 11 11 11 11 11 11 11
7. Birth date of A B.(c) tf alive, give age 36 years	and that I last saw h as alive on 5721/45 19.
deceased (mo., day, yr.) willy 1, 1703	Immediate cause of death DURATION
8. AGE: Years Jonths Days If less than one day	Brain Enbolisin I day
#1 10 14min.	Purchac Embolism 2 dans
9. Birthplace Chancote ague Varguna (Town, county, and state)	Due to Pulmon any Embolism 2 withs
10. Usual occupation waterman	He sand or clockman and 95
11. Industry or business	Bue to Seale Share Si
Ela Lanch	Other conditions
12. Name Ela Aganch	
	(Include pregnancy within 8 months of death)
14. Malden name Watherda Jester  15. Birthplace Vurcuna	Major findings of operations
\$ 15. Birthplace Virginia	
18. informant deceased on admission	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 0 5), 3,/1/6	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burki, cremation, or removal Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Taulquille	Where did injury occur?
0 0 6 1	Injured at home, tarm, industry, public place (where?)
Location	Means of injury Injurid at work?
1B. Funeral director. Auga H. Gurla C.E.	Injury 21 WORK
Address Barlin, Md	I auf them .W. A
5-109 111- 4800 AD Co	M. D. or other
(Date rec'd by registrar)	Address Salesbury Md Date signed 5/91/45
	Date algricu

JUN 7 1945

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ag a	ge is shown on	
1 5	THUM TOK JUN 1	3

### MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	1370
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7	05	42	5	
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FILM No. C 9 5 JUN 13 1943 CERTIFICAT	TE OF DEATH Reg. Diat. No. 3.3.
1. PLACE OF DEATH: Victorials County	2. USUAL RESIDENCE (HOME) OF DEGEASED:  (For newhorn is lants give residence of mother)  State  County  County
(If outside city or lown limits, write RURAL and give nearest town)  llow long in above place of death?	City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Frank marasc	3. (b) Social Security Number
Male Khite Marie A divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH  MEDICAL CERTIFICATION  1945  1945  1945
S.(b) Name of husband or wife Erminia Marase.  S.(c) If alive, give age 57 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Ques. 22-1889	and that I last saw h
8. AGE: Years   Months   Days   If less than one day   55 5 4 9 23	Immediate cause of death DURATION
9. Birthplace (Town, county, and state)	Bue to Market Well.
10. Usual occupation	Due to
11. Industry or business	
12. Name Ungelo Marasto	Dther conditions
5 ( Monnie / Billetts	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthelace	Date of op. F. 11 4/44 5
16. Internation Address R.D. #2 Pattricle Many land	Autopsy results
17 Burial Pale Hered 18-45	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (worth) (day) (year)	Where did latury occur?
Cemetery or organizery Maryland.	(City or town) (County) (State)
Willowerth Welle 19 Hellow	Means of Injury lojured at work?
Address Address My My	Malas
19. 5/18/19 46 Haggiet 2.5	23. SIGNATURE M. D. or other
(Date rec's by registrar) Registrar	TI Address Date signed

JUN 1 1946

BURRAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53-2/

05426

### CERTIFICATE OF DEATH

Reg. Dist. No. 33.3...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) UF DECLASED:  (For newborn infants give residence of mother)		
County Stellowila			
City or town (If outside city of Fown limits, write RURAL and give nearest town)	State County County		
How long In above place of death 3 Life	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, inslitution, or street address where death occurred:			
	Street No. 315 Selont St		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war'		
3. (a) FULL NAME	3. (b) Social Security Number		
michele Laberri Methem	na		
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION		
	. 25-		
Amale a.a. Single	20. DATE OF DEATH		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife.	3-1 19 45, 10 5-18 1945		
7. Birth date of	and thet I last saw h. Ot alive on 5 19		
deceased (mo., day, yr.) No like. Y 1743	Immediate cause of death		
8. AGE: Years   Months   Days   If less than one day			
0 9 4	destination		
2 3 .7hrsmin.			
Sel line soul	Que to Summer ( Netuno Haatomas & From Listh		
9. Birthplace & Child State (Town, county, and state)			
	SLEFT ELSE)		
10. Usual occupation	Due to		
11. Industry or business			
The state of the s			
12. Name Jazza La Milliante Line 13. Birthplace	Other conditions		
13. Birthplace / Includelling			
	(Include pregnancy within 8 months of death)		
14. Maiden name for the sand Dotton	Major findings of operations		
5 constitution & de la lance d			
Z 15. Birthplace Salesley May	Oate of op		
16. Informant Lasale A Managelies	Antopsy results		
//8 // 0	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address / allesting mg	22. VfOLENCE: tt death was due to external causes, till in the tollowing;		
17. 13. 12. Date thereof 11 21 - 1945			
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	Where did injury occur?		
Cemetery or crematory Thursday	Where did injury occur?		
Location Salas lung & A	injured at home, tarm, industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
0000	8 0 1 11 11 0		
Address Salislung	Garage Garage M.D.		
1-10 a 111-ton 1 ANN	23. SIGNATURE M. D. or other		
19. 6 20, 19 HB (Fagge p) 10 fr			
(Dato read by registrar)	Address DD D . Musm . Que Oate/signed		

JUN 7 1945 BULLAU V.S. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-0)

### CERTIFICATE OF DEATH

(15427 Reg. Dist. No. 2333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn intents give residence of mother)
City or town	State
	City or town
How long In above place ot death?	(If outside city of town limits, write RURAR and give hearest town)
R 0.₩2	Streel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Joseph John MCa	3. (b) Social Security Number
4. Sex (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male V Mille W. D. avec	may 29 th 45 145 en
11100	20. DATE OF DEATH.
6.(b) Name of husband or wife dama a, Mc allula	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	muy 25 18 43 to bray 29 19 6)
7. Birth date of	and that I last saw h Mialive on May 25 19.
deceased (mo., day, yr.) May 30-1869	Immediate cause of death
8. AGE: Years Months Days It less than one day	Cerebral Hemerhage
/3 // 29hrsmin.	
Augan GA	At Dealand
9. Birthplace(Town, county and state)	Due to.
Post in the process of	
16. Usual occupation.	Due to
11. Industry or business	
12. Name Delenstry // allaste	Other conditions
12. Name June 12. Name 12. Nam	
	(Include pregnancy within 3 months of death)
14. Maideo name	Major findings of operations
14. Maideo name Eliza Jane Baker 15. Birthplace Wellerter & mod	Date of op.
16. Informati Mrs. Wallace Jokey	Antopey results.
214 Ala + 1 lill med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3/7, Chauch M. Salumy /// 1	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Build Date thereof May /3/-73	Accident, sulcide, or homicide
(Burial, cremation, or remove). Which?) (myth) (day) (year)	
Cemetery or cromatory	Where did injury occur?
Salistun Maryland	Injured at home, farm, industry, public place (where?)
Hollman CVWalt- In Wellin	deans of injury injured at work?
18. Fumeral director.	
Addressalatery Maryland.	mustenen But
1-10, 1 was 410,1	23_ SIGNATURE M. D. or other
19. O 3 1 19 HO Paragel To Register	Address Julishum had Bate signed 5/31/45

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JUN 7 1945

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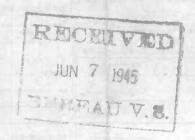
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Salisbury			state Maryland county Dorchester			
City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)		T = 3 = = = 4 3 3 =				
How long to above place of death?S.I.XW.C.C.R.S						
				Street No. Rural	***************************************	
					LOCATION)	/
		•••••••••••	***************************************	2.(a) If veteran, name war.		
3. (a) FULL NAME					3. (b) Social Security	Number
		H. MCNAM			x	
4, Sex	5. Color or raco	6.(a) Single, married,		MEDICAL C	ERTIFICATION	
Male	White	Widow	er	20. DATE OF DEATH MAY	27 19 45	, at
6.(b) Name of husband	r wife Eli	za Philli	ps	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dece	ased from
			give ageyears	may 1 19	4) 10 may	2 (9 9)
I PORTH MOTO OF			1869	and that I last saw halive on	my 26'	19 45
deceased (mo., day, yr	.)   Months		than one day	Immediate cause of death		DURATION
76				Cerebal Brape	Liq	
9. Birthplace	kesvill	e (Dor. C	o.) Md.	Due 10		
			***************************************		***************************************	
		M.M./MAMB	***************************************	Due to		
11. Industry or business				***************************************		
12. NameJ.CJ		amara		Other conditions	***************************************	***************************************
≦ 13. Birthplace	Md.			(Include pregnancy within 3	months of death)	
14. Maiden name	Carne	lia Miste	r			
14. Maiden name 15. Birthglace	Md.			Major findings of operations		
16. Informant Rol		istopher				
		, Marylan	a	Autopsy results		
				22. VIOLENCE: If death was due to external ca	uses, filt in the following:	
Burial, cremation,	or removal. Which?)	Date thereof(r	5/29/45 month) (day) (year)	Accident, suicide, or homicide	Daie of	****************
				Where did injury occur?(City or town)	(0)	(04 . 4 - )
				injured at home, farm, industry, public place (w		
				Means of injury	Injured at work?	***************************************
18. Funeral director	LeCompte	Funeral	Service			
Address	Cambridge	e, Maryla	nd.	maple	000	
6-19	19 . WA	- Haga	199 Oo	27 SIGNATURE MANYON	М. D.	or other
(Date rec'd by reg	9 19 H 6	Varader	Refistrar	Address Galeshury	had Date signed.	5/28/48



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6)

05429

CERTIFICAL	E OF DEATH Reg. Diat. No.	33
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County	
3.(a) FULL NAME Charles Walter Islench	3. (b) Social Security Nu	mber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  That white The arried  B.(b) Name of husband or wife	MEDICAL CERTIFICATION  2D. DATE DF DEATH	
7. Birth date of deceased (mo., day, yr.)  8. AGE:  Years  Months  Days  If less than one day	and that I last saw has alive on 5/7/45  Immediate cause of death	19
9. Birthplace / Kent Co. Mary land (Town, county, and state)  1D. Usual occupation foremass	Due to. Perlamon any Fulses culous.  Due to.	19 22
11. Industry or business (fowder factory    12. Name	Dther conditions	
14. Maiden name. Mary E. White  15. Birthplace Mary Land  16. Informant. Ole C. P. a. s. d	Major findings of operations	istically.
17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	tate)
18. Funeral director Ships Shi	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  A SHENATURE.  A SHENATURE.	·. Q.
19. Date rec'g by registrary	Address Salisbury Id Bate signed	her /45

MARYLAND STATE MEANTERS OF DEALERS

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CEPTIFICATE OF DEATH

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CLICITICAL	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For new orn infacts give residence of mother)  State
Haran Marin Marin	
4. Sex 5. Color or race 6.(a) Sifigle, married, wildowed, or disorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
8.(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years Months Bays It less than one day	Bue to Vineed my office /5/45
11. Industry or business  12. Name	Bither conditions Published
16. Interment Address Alagan Manager M	Autopsy results
17. Burial, cremation, or removal. Which?  Cemelery or crematory  Location  Location	Accident, suicide, or homicide
18. Funeral director. Address Album, Mar.	Means of Injury Injured al work?  23 SIGNATURE P Man

Registrar Address...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The convect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

RECEIVAND MAY 31 1945 BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

05431

### CERTIFICATE OF DEATH

	2411 N. Char	fes St., Baftimore (3)3)	09491	
	CERTIFICA	TE OF DEATH	Reg. Diat. No. 3	2.3
1. PLACE OF DEATH: // Covered to the control of the covered to the	J	2. USUAL RESIDENCE (HOM) (For support infatty give resident State	E) OF DECIASED:  ace of mother than the state of the stat	
Nospilal, lostitution or street address where eath oc	curred:	Sireel No. 5/6 //acc	i, give (CATION)	
3.(a) FULL NAME Millie	Kalin Pa	when	3. (b) Social Security Number	
4. Se finale S. Color or rate 6. (a)	Cingle, married, widowed, or divorced	MEDICA  20. DATE OF DEATH	CERTIFICATION  54 1943-6	30
6.(6) Name of husband or wife			ale above dated; that I attended deceased from	45
deceased (mo., day, yr.)	- 1876 If less than one day	and fhat t last saw halive on	, I au	RATION
- U/a /a/	un min	Due to		
fD. Usual occupation.	and state)	- Due 10		
	Ly md	Other conditions (Include pregnancy with	Level 2 / Tepholo Hub hin 3 months of death)	·///
Times 13. Birthplace 1. Salution 15. Birthplace 1. Birthplace 1. Birthplace 1. Birthplace 1. Birthplace 1. Birthplace 1. Birthpla	G. md.	Major findings of operations		
16. Informant	. V. Walet	Autopsy result PHYS CIAN: Clease underline the cause 22. VIOLENCE: alf death was due to exten	to which death should be charged statistically	ly.
(Buriai, cremation, or regional. Which?)	e thereof	Accident, suicide, or homicide	Dale of	
Localio	-CNIL P	11	town) (Connty) (State) ace (where?)	*********
Address Statisting	mel	23 SIGNATURE	w R Mann	
19. (Date rec') by registrary	Bang Registra	Ahuan Cali	M. D. or other  Date signed	145

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V.S. No. 1

N. B.—WRITE PEANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

	County V	ticomico			(31-6) Registratio	on Dist. No. 332
	Village or C	ity Willards	-iml-	No.		St., V
	Length of resi	dence in city or town where	death occurred			ME instead of street and number)
2	FULL NA	ME Som	e Elizabeth 1	Legnault 15 U.	S. Veteran, specify WAR.	
	(a) Residen	ce: No.		/)	Vard.	
\$10000			(Usual place of abode)			ent give city or town and State
3. 8			ICAL PARTICULARS		DICAL CERTIFICAT	E OF DEATH
0	Fernale	White 1	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the		Mon(h)	23 , 1945 (Day) (Year
5a.	If married, widow HUSBAND of	red, or divorced	0	22. 1 H	EREBY CERTI	FY. That I ettended deceased
	(or) WIFE of	Devege W.	· Olegnoulti	ma	19.4-0. to	May 23.19.
6. E	ATE OF BIRTH	(month, day, end year)	18th 18	60 i last saw h. e.r.	Mive on 5/23	/1945; deeth i
7. /	AGE Yea	rs Months	Days If LESS	than to have occurred on	the date steted above, at 3.3.	D. G. m.
		84 11	J- I day,	I III I KINCITAL CA	USE OF DEATH and related ca	auses of importance
Z	8. Trade, profes	ssion, or particular	10	-		
E		work done, as SPINNER, BOOKKEEPER, etc	Mouse Work.	- Chr.	refer	lis
CUPATION	work was	s done, es SILK MILL, L, BANK, etc	none		<i>I</i>	
8	10. Date decees	ed last worked et pation (month end	II. Total time (years) spent in this			
	year)		occupetion	Other Centributers	Causes of importance:	
12.	BIRTHPLACE (cit	ty or town) Mar	Willards . md	4		
~	(State or cour		ion'			
HE			Dennes >			
FATH	14. BIRTHPLACE (State or	(city of town) Will		Neme of operation		Dete of
-			- mk			Was there en autopsy?.
THER	15. MAIOEN NA		Tennis		to external causes (VIOLENCE)	
MOT	16. BIRTHPLACE (State or	(city or town) Will	once Pria.	******		Date of injury, 19
	4	mitteles Le	Y	Where did injury oc	(Specify city	or town, county and State)
17.	(Address)	W. Olards	mai	Specify whether inju	ury occurred in INDUSTRY, in	HOME, OF IN PUBLIC PLACE.
18.	BURIAL, CREMAT	ION, OR REMOVAL	0	Menner of injury		
	Place 13 Les	ial Hennis	4 Date May 25	9.44. Nature of Injury		
19	UNDERTAKER	Wm. Bon	rard Wells.	24. Was diseese or in	njury in any way related to occ	cupation of deceased?
	(Address)	Pittsville.	md.	If so, specify	af A	P
	51-	/	0.00.	(Signed)	Ban III	1

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	TO TO Y A	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	8 1945	3 days ago
			July	E }
			TI S KE SEE	
Other contributory causes of importance:		Other contributory causes	of importance:	
Gallstones	May 1,1923	*Gastroenteritis		1 year
	3			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------



correct age

# PLAINLY, WHTH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

WRITE

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-7

# CERTIFICATE OF DEATH

05433

Reg. Dist. No. 3.33

A DI LOR OF BULLWAY			
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro iofants give resideoce of mother)		
City or town Sallsbury Maryland (If ootside city or town limits, write RURAL and give ocarest town)	state Maryland county Caroline		
(If ootside city or town limits, write RURAL and give oearest town)			
How long in ebove place of death? <u>Lrom 2/7/45</u> Hospital, institution, or street address where death occurred:	City or town Ridgely, Maryland (If outside city or town limits, write RURAL and give nearest town)		
E. S. Tb. Sanatorium	Street No		
How long in hospital or institution? from 2/7/45	(If rural, give LOCATION)  NO  NO		
3. (a) FULL NAME			
	3. (b) Social Security Number		
Arthur Charles Rockwell  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced			
ot other transfer married, middled, of differen	MEDICAL CERTIFICATION		
Male White Widower	20. DATE DF DEATH MAY 13 19.45 et 9 PM		
8.(b) Name of husband or wife. Ethel Rockwell	21. I CERTIFY, that death occurred on the date above stated: that I ettended deceased from		
7. Birth date of	1m 5/13/45		
deceased (mo., day, yr.) April 5, 1886			
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death Duration Duration		
59 1 8hrsmln.	Gerlanovery Juberculous 1 yr		
8. Birthplace. Preakness, N. J. (Town, conoty, and state)	Due to		
10. Usual occupation Filling Sta. Operator			
	Due to		
11. Industry or business			
12. Name Charles Mason Rockwell 13. Birthplace RYKKKEKK Wisconsin	Dther conditions		
14. Maiden name. Cristina Marion 15. Birthplace Preakness, N. J.	(locinde pregnancy within 3 mooths of death)		
15. Birthplace Preakness, N. J.	Major findings of operations		
	Date of op.		
16. Informant deceased the M. Fulle for	Alexander floring		
Address De Horau Male, Jologra Boro.	PHYSICIAN: Please uoderline the cause to which death should be charged statisticslly.		
17 Memation Police May 16, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (Month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Tasking ton & le.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Helloway 460 Shuston Hellon	Regner of Injury Injured at work?		
	1 / 0 / 00 10		
Address 20 E. Aurelijet Vaketry me	123 SIGNATURE Jan Ohen MP		
19. (Date reck by registrar) 19.01 6 Basana Registrar	Address Salisbury, Maryland M.D. or other		

PARKET BO TENTE OF STATE OF SYNAR

JUN 1 1945
BUREAU V.F

reduced land bad Life

### MARYLAND STATE DEPARTMENT OF HEALTH

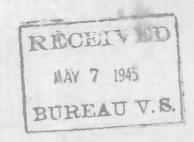
2411 N. Charles St., Baltimore (3)-a

05434

### CERTIFICATE OF DEATH

Reg. Diat. No. 233

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Now long in hospital or institution? L. J. d. Q. 1971	2.(a) If veteran, name war
3. (a) FULL NAME Mamil & St Clair	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  2.30  19.45  19.45  19.45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I eltended deceased from  1945  and thet I last saw h. 2
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one dayhrs	Immediate cause of death DURATION  Out death Tournal Review
9. Birthplace	Due to
12. Name Elizabeth For I	Other conditions
14. Malden name of the state of	Major findings of operations
Address Agrices anne me	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22 VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Location Alexanders Anna Basel	Where did injury occur?
18. Funeral director	Means of injury tnjured at work?
Address James anne met	28. SIGRATURE D. or other
19. (Date rec's by registrar)	Address Date signed 3-3-45



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., E

Baltimore	(93-d)
	(1) W1

CERTII		TTE A		$\mathbf{D} \mathbf{F} \mathbf{A}$	44.8
CCKIII	" IL.A	I C. U	<i>)</i> r	IJP.A	

Reg. Dist. No. 3.33

1. PLACE OF PEATH: Vilomile	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For employing infants give residence of mother)
City or town imits, write RURAL and give nearest town)	State MA Jour Freomus
How long in above place of death?	City or town
Hospital, Institution, or affect address where death go arred;	Street No. 115 Seanty sleet
	(If rural, give LOC TION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME John Fredrick &	Schwarty 3. (b) Social Security Number
Male 15. (blor or rate 6.(a) Single, married, widowed, or disported married	20. DATE DE DEATH MAY 18 19 45 1 1 2 N
6,(b) Name of husband or wife over Alluvaily	21. I CERTIFY that death occurred on the day above stated; that I attended deceased from
s (a) Halling give age 43 Areas	5-14 1945 to 5-17 1945
7. Birth date of deceased (mo., day, yr.) Feet. 9-1873	and that I last saw h.f. Man, alive on San 12
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
72 3 9nrsmln.	
9. Birthpiace	Due to. Chemic myrealts
10. Usual occupation Buck mush	Due to
11. Industry ophusiness	
12. Name John Frederick Achieves	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Maria Jucas  15. Birthplace	Major findings of operations.
ZI 15. Birthplace	
16. Informan	Autopsy esults
Address 15. Scarly it. Subjecty	22 VIOLENCE: If death was due to external causes, fill in the following;
17. / June / Date thereof May 204 4	Accident, suicide, or homicide
(Burial, cremation, or ramoval, Which?)  (Burial, cremation, or ramoval, Which?)  (month)  (day)  (year)	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location	injured at home, farm, industry, public place (where?)
18. Fureral Sirector 16. / Kellan P Stelle	Means adinjury Injured at work?
Add talily mayland,	to one but
1-19h 46-bes 1 400	M. D. or other
(Date recia hy registrar)	Address Date signed 5-18-15

RECELVED

JUN 7 1945

BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### CEPTIFICATE OF DEATH

The	2411 N. Charl	les St., Baltimore (59)	
	CERTIFICAT	TE OF DEATH Reg. Dist. No. Z	£336
supplied	1. PLACE OF DEAPH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infants give residence of mother)	
pe	City or town (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:	State Maryland County County Wa	ard No.
should carefully arly and legibly.	7 Mist Elizabeth	Sireet No.	town)
and c	Stay in this community (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	(If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	
	3. (a) FULL NAME Catherine Elizabeth	Searcey 3. (b) Social Security	Number
ry item of information e the causes of death cle	4. Sex 5. Color or race 8.(a) Single. married, wildoward, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH	-, a18.30 P.
	6 (b) Name of husband or wife	21. CEBLEY that death occurred on the date above stated: that I attended decer	ased from
	7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Mopths   Days   If less than one day	Immediate course of death	DURATION
. Every	hrs. 35_min.	Joinstone (6mg)	
INK.: please	9. Birthplace (Town, County, and state)	Due to	
DING	11. Industry or business	Due to	
UNFADING: Physicians:	12. Name Servey 13. Birthplace Beschill, classona	Dther conditions	
H tant.	14. Maiden name Kathler Ellist	(Include pregnancy within 8 months of death)  Major findings:	PHYSICIAN
PLAINLY, WITH tespecially important.	16. Informant James J. Secrety	Df operations	Please underline the cause to which death should be charged statisti- cally.
PLAINLY especially	Address Delmar Seel 3.29-15-	Df autopsy 22. VIOLENCE: If death was due to external causes, fill in the following;	,
PLA is espe	17. Date thereof (month) (day) (year)  Cemetery or crematery (month) (day) (year)	Accident, suicide, or homicide Date of  Where did injury occur?	
VRITI et age	Location Delmas, Delawore	(City or town) (County)  Injured at home, farm, industry, public place (where?)	(State)
PLEASE WRITE correct age is	18. Funeral director S. Syand Co	Means of Injury Injured at work?	
PLE/	19/May 29 1945 Harry Exhausen	23. SIGNATURE M. D. M. D.	5/29/L

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BURBAU V.S.

M. D. or other



### CERTIFICATE OF DEATH

			-	2	400
Reg	Dist.	No.	30	51	5

1. PLACE OF DEATH: Ni com	2. USUAL RESIDENCE (HOME) OF DECLASED:
County	ma nacomio
(If outside city or toyn limits write AUR L and give nearest town)	State Sales
ow long in above place of death?	City or town(If outside city or town limits, write RULAL and give nearest town)
lospital institution, or street address where death occurred	Street No. # 0. 130/ 722 07/2000 3
Tilyweles Miles	(If rural, give LOCATION)
How long in Applital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
A Soul 5 (blor or pile   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Sey 5. Octor of the 6.(a) Single, married, widowed, or divorced	
female 11 mile 1/2 don	20. DATE OF DEATH. May 9 4 19.45, at 4. F
6, (b) Name of husband or wife Roland S. Smuth	21. I CERTIFY, that death occurred the date above stated: that I alleaded deceased from
	Ware 19 9 , to 2007
1. Birth date of 1 + 10 1892	and that I last saw halive on
deceased (mo., day, yr.)  ACE. Years   Months   Days   If less than one day	Immediate cause of death January Jales and January 100 Alles
o. Auc.	Hear falle
3/9/1, 20hrs.	5.006.
9. Birthplace	Due to
House with	William State of the state of t
10. Usual occupation	Due to
11. Industry or busings	
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Saluty maryland	
Mes Hember Oasis	Autoney verility
16. Informan 4/12 49	PUTSICIAN: Please underline the cause to which death should be charged statistically.
Address / S Addres	22. VOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Acodent, suicide, or homicide
Migson Gentler	Where did injury occur?
Cemetery or crostalory	Injured at home, farm, Industry, public place (where?)
Location	11
18. Funeral director	Means of Injury Injured at work?
Address Sally maryland	U Pl Heary
1-/10/ W- for 190(	23. SIGNATURE
19	inter Address 1 7 h Chullel Pate signed

FADING INK. Supply every item of information carefully. The carrect age t. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WIT

VS A15

JUN 1 1945

BUREAU

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 767

# 05439

### CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County Wicomico		
City or town	State Maryland County Weemico	
How long in above place of death? about 18 years	(If outside city or town limits, (write RURAL and give nearest town)	*****
Hospital, institution, or street address where death occurred:	Street No. Sork Street	-2
200	(If rural, give LOCATION)	1000000
How long in hospital or institution?	2.(a) Il veleran, name war.	*****
3. (a) FULL NAME Spruill, Senge	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male aa married	20. DATE OF DEATH 5 - 2 0 19 4 5 at 6	JO M
6.(b) Name of bushand or wife Martha Spruill	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
1. Birth date of	and that I last start alles on 19.	***********
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   Illess than one day	Immediate cause of death DURATI	The same of the sa
57	multiple clacentes	
hrsmin.	with several Jugalor vein (1) The	de
9. Birthplace Scotland Neck, North Carolina (Town, county, and state)	Due to	
10. Usual occupation Laborer		
	Due to.	*******
11. Industry or business Same as above		
12. Name Robert Divon	Other conditions	
	(Include pregnancy within 3 months of death)	
= 14. Maiden name Dicie Sprull		
14. Maiden name Dicie Spruill 15. Birthplace Scotland Neck North Carolina	Major findings of operations.	••••••
18. Informant Rev. Comelina Spanill	Date of op.	1*********
	Autopsy results	********
Address Chiludolphia, Fa.	22. VIOLENCE: If death was due to external causes, fill to the following:	
(Burial, cremation, or removal, Which)  Bate thereof (194)  (Burial, cremation, or removal, Which)	Accident, suicide, or homicide. Accident Bate of 5 20	-45
Cemetery or grematory.	Where did injury occur? (City or town) (County) (State)	L
	(City or town) (County) (State)	10+00100+00
Location Delishusof State	Injured at home, farm, Industry, public place (where?)	
18. Funeral director James F. Stewart	Means of Injury Cut with one Injured at work? 20	
Address 402 E. Church St. Salabury Md	forestende no	
10 6/23, 10H6 Fassiette Och	23. SIGNATURE M. D. or other	2.4
(Date ree'd by registrar) Registrar	Address Halisbury M. Date signed 5 / 2	145

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JUN 7 1945

BUREAU V.S.

PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Sta)

### CERTIFICATE OF DEATH

0544h, 33 Reg. Dist. No. 220

1. PLACE OF DE. Couoty	Salisbu sutside city or town	T.V.	URAL and give nearest tow	vn)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
Hospital, Institution, or	street address where	death occurred	na. : nonths	Sireel No. Columbia Ave. (If rural, give LOCATION)			
3. (a) FULL NAM			HOME-US		2.(a) if veteran, name war		
J. (G) I OLL HAMI		Del	la A. Steven	nson		3. (b) Social Securit	
female	white	6.(a)Single Wid	e, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	a 15 A
6.(5) Name of husband					21 DEFITIFY that death occurred on the date above	re slated: that attended de	eceased from
7. Birth date of deceased (mo., day, y			) If alive, give age L5.1871	years	and that I takt saw halive on		
8. AGE: 74	Months 3	Days 4	It less than one day	mln.	Immediate cause of death.	••••••••••••••••••••••••	
9. Birthplace	Hou	county, and s	tnte)		Due to.	bht:	1726
11. Industry or business 12. Name	Willi	am Ada	ims Md.		Other conditions.		
14. Malden name 15. Birthplace	S	omerse	t Co., Md.		(Include pregnancy within 3 m		***************************************
Ella Covington  16. Informant  Pocomoke City, Md.					Autopsy results		
17(Burial, cremation,	Burial or removal. Which? Crisf	Dale there	of 5/21/45 emetery (year	ar)	22. VIOLENCE: If death was due to externat caus Accident, suicide, or homicide	Date of	(State)
Location Crisfield, Md.  Howard H. Hubbard  18. Funeral director. 500 Main St. C					tajured at home, farm, Industry, public place (who		
Address	25 19	in St.	Calling M	23. SIGNATURE Address Amelians M		o. or other	

THE TOTAL TO THE STATE OF THE

RECEIL VEIL MAY 24 1945
BUREAU V.S.

# WRITE PLAINLY, WITH SKFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. RGIN RESERVED FOR BINDING

PLEASE

VS A15

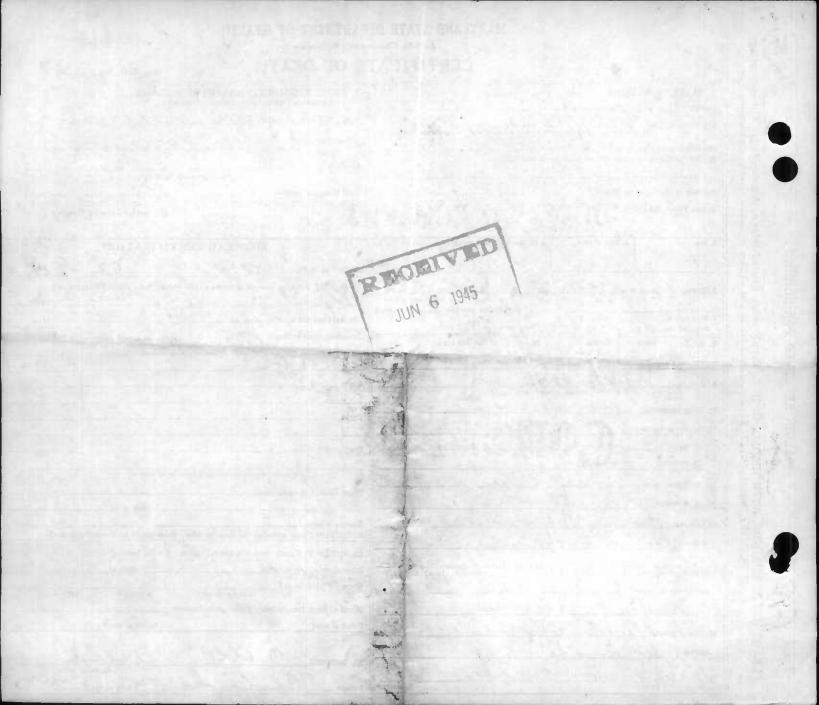
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1839

!!5441

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
4 2 /	State maryland county Willowice
(If outside city or town limits, write RURAL and give nearest town)	3 (0 - 0 - 1 (
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or streef address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
nancy Emily Thomas	3. (b) Social Security Number
4. Sex   5. Color or race   6.(d) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
7. Col. married	01. 3 4,5 1.00
	20. DATE DE DEATH MAY 3 6 5 at 9 m
6.(6) Name of husband or wife Mayor Thomas Cal	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
7. Birth date of School of alive, give age years	19. 5 to May 3 19. 5 x
deceased (mo., day, yr.) Get, 1869	and that I last saw h. A. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
about	V. A. Marson
	102 2 2 mg
9. Birthplace 20 hete 16 cevers (Town, county, and state)	Due to
10. Usual occupation. 2. To the work	
10. Usual Occupation	Due to
11. Industry or business 6 vie home	
12. Name Samuel Wilson	Other conditions
2 13. Birthplace Somerset Co.	(Include pregnancy within 3 months of death)
14. Maiden name garre Evans  15. Birthplace Nauteroke, md.	
15. Birthplace wasteroke, md.	Major findings of operations.
0 40	
16. Informant	Antopsy results
Address White Baver, md.	
(Burial, cremation, or removal, Which?)  Date thereof. 5/6/45  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Classification Company Classification Company Classification Company Com	Where did Injury occur?
Location Is hete 18 cever	Injured af home, farm, indusfry, public place (where?)
18. Funeral director. Man half essibly & Amo	Means of Injury Injured af work?
Address Drowlere Md	23. SIGNATURE & alle Fills
19 Mac 5 1945 P. Wolfred Walte	M. D. or other
(Date rec'A by registrar)	Address Darles Rao Date signed - 4 4 5



PLEASE

VS A15



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6)

05442

### CERTIFICATE OF DEATH

Reg. Diat. No. 333

THE ACT OF PRIMIT			
1. PLACE OF DEATH:  Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Salisbury, Maryland	State Manyland County Woncester		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 4/23/45	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
E. S. Tb. Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? $4/23/45$	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Catharina Cannalia Townsend	Nono		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH May 13 19 45 21 11:20 F		
6.(b) Name of husband or wite. George T. Townsend	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from		
6.(0) Name of nusband of wite	$\frac{7/1/42}{6}$ 19 5/13/45 19 5/13/45 19		
7. Birth date of 2000 seems 2000	end that f last saw her allye on 5/13/45		
deceased (mo., day, yr.) March 20, 1882	Immediate Ause of death DURATION		
8. AGE: Years Months Days It less than one day	Vilmonary Tuberculosis 445		
63 1 17hrsmin.			
8. Birthplace Sanford, Va.	Due to		
(lown, county, and state)			
1D. Usual occupationHousewife	Due to		
11. Industry or business	200 10		
E 12 Name William Henry Cutler	Dibar and Hone		
\[ \frac{1}{2} \] Birthplace \[ \text{Virginia} \]	Diller Collections		
	(Include pregnancy within 8 months of death)		
14. Malden name Mary A. Hall  15. Birthplace / Virginia	Major findings of operations.		
15. Birthplace // Virginia	Date of op.		
18. Informant//// Albure Ta More assisted	Autopsy results		
Address Ostachtad mad	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
The state of the Man white	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which))  Date thereot (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematery	Where did injury occur?		
shood water both mod Real			
Location Manual	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Means of Injury Jajured at work?		
Address Smon To ell Mo	Man O Stone		
6-/11-11- 10 mil ADD	23/ STORATORE M. D. or other		
19. (Date rec's by registrar)	Address Salisbury, Maryland M. D. or other 5/13/ 4:		

ANTIQUES TO THE PERSON OF A TANK SHALLHAM,

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JUN 1 1945

BUREAU V.S

2411 N. Charles St., Baltimore Bi-o

05443

......Dafe signed.

	100
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Islaganiaca	Day 0 1 711
City or town	12.000
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Veninsula General Asspital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
of the Lamuel.	25.0
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored sendance.	1
Thate Corocca mindouter	20. DATE OF DEATH 1945-21 4-P
6.(b) Name of husband or wife design from the state of th	21. I CERTIFY that death occurred on the date above stated: that Jaftended deceased from
La Co. (c) If alive, give age years	My 10 19 45 10 Mg 27 19 45
7. Birth date of	and that I last saw h. alive on 724 37 1945
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
6. AGE.	Chr. Valy Frent - 2 m
about 18 min.	Cha. Dr. suphits 32
9. Birthplace allen and	Due to
(Town, sounty, and state)	Nyputer 420
10. Usual occupation.	Due fo
11. Industry or business Same do above	arles selas lego
E 12. Name Sangul fail	Other conditions
13. Birthplace allen and	ashlo Deforme 10 yd
	(Include pregnancy within 8 months of death)
HE 14. Maiden name Sarah Maribanis.  15. Birthplace allen and	Major findings of operations.
Z   15. Birthplace allen and	Date of op
16. Informant Devel Calk	Autopsy results
Address allen Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1911 1 00mm 301945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory 1/2 Mendala Land	Where did injury occur?
a Cole - and	Injured at home, farm, Industry, public place (where?)
Location Children To A Company of the Company of th	Meens of injury / / / Injured af work?
18. Funeral director dances of by delibration	W. A.A.
Address Salenhury and	1 Naut ml
(-/	23. SIONATURE

Registrar Address.....

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)

JUN 7 1945 BUREAU

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1	640	1	
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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (2370) CERTIFICATE OF DEATH

05445

1. PLACE OF DEATH: )	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dagouis	(For newborn infants give residence of mother)
City or town Tharpbury	State County
(If outside city of town limits, write RURAL and give nearest town)	City or town Sharptoun
How long in above place of death?	(If outside city or lowe limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Curtis K. Vicker	The state of the s
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. White married	20. DATE OF DEATH 5-27 1945 et 11-30 A M
1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21. I CERTIFY that Cath occurred on the date above stated; that latie ded deceased from
8.(b) Name of husband or wife.	37/10chirt made in occurred on the balls above states. 10.5/27 18.65.5
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of deceased (mo., day, yr.) Oling 19 1864	and that I last saw h all alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
0. 40 0	County / Remarked / Marillo
80 7 7hrsmin.	
9. Birthplace Aorqueles Mo	Due to
(Town, couety, and state)	
10. Usual occupation Carpenter	Que to
11. Industry or business (	oue to
12. Name Dan Green	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name. Consider to alloway.  15. Birthplace	
md .	Major fiedings of operations
≥ 1 15. Birinpiace	Oate of op.
18. Informant Control	Actopsy results
Address Mark wur	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bun 12 5 50 - 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Oate thereof	Accident, suicide, or homicide
W. M.	Where did injury occur?
Gemetery or crematory	
Location	Injured et home, farm, Industry, public place (where?)
(SA Survey or Broom	Means of Injury Injured at work?
18. Funeral director.	al-Non Sal
Address Marytonn	a many 1/10. Mahman M.D.
18 5-29 1875 Walter 4. man	23, SIGNATURE M. D. or offer
18. 5-2-9 19-2-3 Walle F. Males (Date rec'd by registrar) Registrar	Address Aun Date signed / 77/45



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		shown		

(If outside city or town limits, write RURAL ar

1. PLACE OF DEATH:

How long in above place of death?... Hospital, Institution, or street

How long in hospital or institution?.

3. (a) FULL NAME

4. Sex

7. Sirth date of deceased (mo., day, yr.) Years

10. Usual occupation. 11. Industry or business 12. Name ..

13. Birthplace

Cemetery or crematory

(Date rec'd by registra)

18. Funeral director.

14. Maiden na 15. Birthplace 14. Malden name.

16. Informant Address

8. AGE:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13100

Reg. Dist. No.

	GOK IIIN	Ö	0 10/15	CERTIFICATE OF DEATH		
III Mit Ness	Ca	K	HIN	8	1940	CERTIFICATE OF PERIOR

.6.(c) If alive,

Date thereof...

If less

<b></b>	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State MC County Wicers	uces
nd give nearest town)	City or town & slieburn	
***************************************	City or town(If outside city on town limits, write AURAL and give n	earest town)
	F 1.0 4 8 8 8	
	Street No. (If rural, give LOCATION)	900 90 00 00 00 00 00 00 00 00 00 00 00
***************************************	2.(a) If veteran, name war	
Men	3. (b) Social Security	y Number
widowed, or divorced	MEDICAL CERTIFICATION	
0		
ed	20. DATE OF BEATH MAY 9 19.45	- 21 8 P 11
5. waller	21. I CERTIFY that death accurred on the date above stated; that I attended de	
r waller	21. I CERTIFY that death occurred on the date above stated; that I attended de	A 1/
give ageyears	-fel 18 45 10 May	19.4.3
	and that I last saw harmalive on Man 9	19.45
884	Immediate cause of death	
than one day		
hrs mln.		
	and Jacular	****
1 ma	Due to	***************************************
	Bue to rural terrang	
*************************************	Due to	****
		****
aller	Other conditions	
0	utner conditions	
w, me	(Include pregnancy within 3 months of death)	****
nalle		
	Major findings of operations.	
ey ma	- Oate of op	**************************
Juento	Autopsy results	
	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
~ mel		
1 . 1 . 1	22. VIOLENCE: Il dealh was due lo external causes, Itil in the following:	
month) (My) (year)	Accident, suicide, or homicide	*************************
Committee	Where did injury occur?	
	Where did injury occur?(City or town) (County)	(State)
0	jpigred at home, farm, industry, public place (where?)	***********************
	Means of Injury /hjured at work?	
hmm/	modus of tuler)	
mal	In of A	
	23 SIGNATURE HELY REQUES	**************************
29:17 A.	Thursd M. I	or other
Registrar	Address Date signe	d

JUN 1 1945
BUREAU V.S.

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JUN 1 1945
BURRAU V.S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Arrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-6)

### 05447

### CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: W. Comic	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For 1) whore injects give residence of mother)
City or low	SlateCounty
How long In above place of death?	Cily or town
1304 M. Durin Street	Streel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME forvisa Jane N	Lite 3. (b) Social Security Number
4. Sep 5. Color or race 6.(a) Sizela married, widowed, or divorced	MEDICAL CERTIFICATION  100, DATE OF OEATH.  MEDICAL CERTIFICATION  19 45 3 3 95 64
Being min I know en No	CERTIFY that death occurred on the date above stated: the date and deceased from
6.(b) Name of husband or wife	19/0 to 19/19/19/19/19/19/19/19/19/19/19/19/19/1
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Or allve on Thought 19.45
8. AGE: Years Months Days If less than one day	Immediate cause of death the Duration
Para I - 1:1 Dans 1:	Cham Repluli
9. Birthplace	Due to
10. Usual occupation. Home I links	
11. Industry or business A at Henry	Due to
12. Name Order	Other conditions
14. Malden name Elizabeth Brown  15. Birtholase PFW. Isabeling Med.	(Include pregnancy within 3 months of death)
15. Birtholae P 7. U. Salutus md.	Major findings of operations.
16. Information. France / Hancock	Bate of op.
Address /17. Fetructor A. Salita my	HYSICIAN: Please underline the cause to which death should be charged statistically.
Ruise 1 may 7-/ 194	22 VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or conductory	Where dld Injury occur?
Location Salutry Many Land	Injured at home, farm, industry, public place (where?)
18. Edneral director grown of G. Walter R. Str.	Cans of Injury Injured at work?
Address Salithy maryland	Therea & Man
6-14 No Man ADO	M. D. or other
(Date reo'd by register)	Huse I alie by my sty 5/4/45

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JUN 1 1945

BUREAU V.S.

VS A15

MARVIAND	STATE	DEPARTMENT	OF	LICALTI
MAKILAND	SIAIL	Dr.PAKIMI.NI	UP	Hr.Al. II

2411 N. Charles St., Baltimore (186-2)

05448

CERTIFICAL	IE OF DEALH Reg. Dist. No. 33
1. PLACE OF DEATH: Vilomile County	2. USUAL RESIDENCE (HOME) OF DECEASED.  (For newhory infants give residence of mother).  State
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or institution?	(If rural, give LOCATION)  2.(α) If veteran, name war
3. (a) FULL NAME Minnie Willing	3. (b) Social Security Number
4. Sel S. Color Prace S. (a) Single, married, widowed, or divorced Window	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY DESTRUCTED IN MEDICAL CERTIFICATION
6.(b) Name of husband or wife Elich Villing  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Oays   It less than one day	and that I last saw h alive on 19
79 9. Birthplace Cambridge Med.	Due to trace domintain
10. Usuat occupation. (Town, gunty, and state)	Due to
11. Industry or business  12. Name	Other conditions
14. Malden name Zandini Blazili	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Balto M	
Address Manlina C	Autopsy results.  PHYSICIAN: Please underline the cause tu which death should be charged statistically.
(Burist, Cremation, or removal. Which;)  Date thereof, (manth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Face (Accountable Injured at work? 2-5
Address Acres off.	23. SIGNATURE Olices Freder Deced
(Date rec'd by registrar)	Address Sufuelung 2000 Oate signed 3 4 1445



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

\$5449

Reg. Diat. No. 330

/	the state of the s
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
	2.(4) 11 TOTOTAII, lighte wat.
3. (a) FULL NAME Clifton B Hilson	3. (b) Social Security Number
4. Sex 5. Color dirace 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  5/16  19.45 et 10-20P m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. 1.77 alive on
deceased (mo., day, yr.)  8 AGE • Years   Months   Days   If Jess than one day	Immediate cause of death
55 10 10	Wrenies / //rdoep
33 1/D 20hrsmin.	34 hody
9. Birthplace	seel pyclitis: 6 moz.
10. Veual occupation	Due to
11. Industry or business ()	,
12. Name. Jarfield 6. Hilson.	Other condition Lebourte Lacterist 6 nevals
I 13. Birthplace	ledocarletis
14. Malden name. Oddie Servett  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace , , N.d.	Date of op.
16. Interment addie Wilson	Antopsy results.
Address Mardela Md R.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bail 19-1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	injured et home, farm, industry, public place (where?)
18. Funeral director Gravenor Anos	Means of injury Injured at work?
	MAGE
Address Warning	23. SIGNATURE
19. 5/19/45 19 White rec'd by fegistrar 19 Registrar	Address Court 18 M. Dor Stere / 18/40

RECEIVED MAY 24 1945 BURBAU V. S.

VS A15

Dr. Mann

### MARYLAND STATE DEPARTMENT OF HEALTH

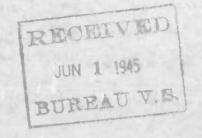
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411	N.	Charles	St	Baltimore 83-0
	4 4 4	Olimitada	De.,	Date Back

705450

CATE	OF	DEATH	Reg. Diat. No. 3.3.3

JPLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECLASED:
County	(For Temporal infoliates give residence of motification and the control of the co
(If outside eyy or town limits, prite RURAL and give nearest town)	State County
How tong in above place of deam?	(If outside city or town limit, write RURAL and give nearest town)
Hospital, institution, or street address where death occorred:	Street No. 107 New Jork are
	(If rural, right OCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Julia ann Ke	3. (b) Social Security Number
4. Set 5. folor or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemes I hat I hadow.	man 8 4 45 826
William 1 Wiles	20, DATE OF DEATH
6.(b) Name of husband or wife	24 I CERTIFY that death occurred of the date above stated; that I attended deceased from
7. Birth date of	That I last saw here alive on The T
deceased (mo., day, yes left, 10-1869	Immediate cause of death
8. AGE: Years months Days If less that one day	Caralial Howardy & Ino 12 dy
13   28hrs,min.	A
9. Birthpiace My Winner Marylan	The to Thypertension 2 yes
(Town, eounty, and state)	
10. Usuai occupation.	Due to
11. Industry or basiques	
12. Name. John John Manne Med	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Clarking Brunny on 15. Birthplace M. Human med	
15. Birtholace M. Kunon mad	Major findings of operations.
16. Informally Price E. William	Autopsy results.
117 74. 1. 10 1.11 1911	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1, few grape are . Thereby 14	22. VIOLENCE: tf death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or chatory of Parenne Cam.	Where dld injury occur?
16hilan med	(City or town) (County) (State)
Location Dellaction Will Police	neas of injure at work?
16. Funerat direction	
Address Salvely med.	Johns F. Many
1. 5-/10. Jul - Has 200	23 SIGNATURE M. D. or other
(Date ree'd by registrar)	siderary flaling by Bain almost 18145



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### MARYLAND STATE DEPARTMENT OF HEALTH

## 05451

# CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No. 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:, (For newborn infants give residence of mother)
City or town	Cily or town (If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. J. 3. 3. Fall (If rural, give LOCATION)
How long in hospital or institution? 3 months	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or face   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale a. a. Single	2D. DATE OF DEATH 224 4 1945 al M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) / Owy y 1944	and thet I last saw h
8. AGE: Years   Months _ Days   If less than one day   28  hrsmin.	Duration i one day. Cul
9. Birlhplace (Town, county, and state)	Due to
1D. Usual occupation	Due to
12. Name Tea Dutton  13. Birthplace Myoming Del	Dther conditions
14. Maiden name Dace & worder	(Include pregnancy within 3 months of death)  Major findings of operations.
2 15. Birthplace Salisling mod  16. Informan Alla Usadi	Autopsy results Pressure patter both lungs. PHYSICIAN: Please noderlice the cause to which death should be charged statistically.
Address Salusland May 7 1 1948  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery of crematory Prince Line	Where did injury occur?
Location Salpslus Jan 1	Injured af home, tarm, industry, public place (where?)  Means of injury  Injured at work?
Address Selection and Selectio	2 Paristera his
19. (Date rec'd by registrar)	M. D. or other

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JUN 1 1945

BUREAU V.S.